SAMHSA's Center for the Application of Prevention Technologies (CAPT)

Prevention Collaboration in Action:
Stories of Success and Tools to Help You Get There

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[Rachel Pascale]: Thank you so much everyone for joining us, and welcome to today's virtual tour of *Prevention Collaboration in Action: Stories of Success and Tools to Help You Get There*. This is a new tool that was developed by the Center for the Application of Prevention Technologies—or CAPT for short. My name is Rachel Pascale, and I'm a product associate with the CAPT and have coordinated the development of the Prevention Collaboration in Action toolkit. I'm joined today by my colleague, Nicole Luciani, who you just heard playing with that wonderful poll in the lobby. Nicole is a training and technical assistance specialist for the CAPT's Southwest Resource Team, and she is responsible for coordinating and delivering services to prevention grantees there.

Just a reminder that today's event is going be recorded, and we'll be sending this recording out to all of you and everyone else who is registered at the conclusion of today's event, either later on today or early tomorrow. Feel free to forward it along to any of your colleagues who weren't able to attend today if you think that the content is relevant to them. We'll also be posting the recording on the CAPT area of SAMHSA's website, along with a transcript of today's call.

As Nicole mentioned just a moment ago, today we'll be using the questions pod in the left-hand column. You can see it just below my photo, and in that questions pod feel free to post questions for our technology team if you're having a challenging time connecting to the audio, or have questions for Nicole and I. We may not be able to get to all of them. We're going to be pausing at various points today, and we'd love to hear your questions. If we're not able to get to them, we'll respond to you after the call.

So just a quick agenda for today's call. We're going to start with this guided tour of the Prevention Collaboration in Action toolkit and actually take you to the site itself through a screen-share, and show you some of its main components. In the second half of today's call we're going to be highlighting a few of the featured stories of collaboration from SAMHSA prevention grantees, and we've got two of them who are joining us on today's call. We're so excited about that.

Before we get started, I just want to take a moment to say: Why did we dedicate an entire toolkit to the topic of collaboration in substance use prevention? I'm sure many of you on the call today in the field are thinking that the terms prevention and collaboration can seem really intertwined; that the first really can't happen successfully without the other. And there's a lot we know about collaboration in substance use prevention. We know that it allows for a more efficient use of scarce resources. We know it reduces complication and duplication of efforts when you bring multiple partners around the same table, and it can improve a wide range of health-related outcomes—not just in our work in substance use prevention, but in overall health and wellness as well.

However, and I'm sure all of you on the call can attest to this, these types of collaborations are not easy to develop. The competencies required to build strong collaborations require a range of skills. It's a range that includes everything from soft skills like recruitment or relationship-building to much more complex systems. Like one of the stories that we're featuring in the toolkit describes a complex state sub-recipient funding model that facilitates collaboration from the top down. So just lots of different competencies that are required in order to do this work successfully.

However, and luckily, despite the widespread need for capacity building, there is a wealth of knowledge in the room today and across the country, and prevention practitioners like yourselves are engaging in collaborations, first at the state, tribe and jurisdiction levels, and also in sub-recipient communities. So what this toolkit does is it really harnesses all that's learned, and all that knowledge that's being learned from all of you, and turns it into practical skills that we can apply to other collaborations.

In speaking with many of you, we've found that some of these skills and actions are transferable, whether we're talking about a collaboration with institutions of higher education or with media outlets. So a lot of the things that really make collaborations work were the same, whether we were in a community in the Texas Panhandle, or thinking about collaborations across the Commonwealth of Massachusetts. As a result, we feel immense pleasure to be able to celebrate some of these examples of prevention collaboration from the toolkit, as well as to provide you with tools and worksheets that were developed out of some of these best practices that I just mentioned. And we developed these tools and worksheets with the hope that they

could help elevate the collaborative work of others.

So the process for developing this toolkit was a collaboration in itself, so that's something we want to recognize as well before we move forward—that we're immensely grateful to everyone who contributed: prevention experts and practitioners around the country. You know, we're proud to show this toolkit, but we're also immensely grateful to everyone who contributed to its development.

So with that, before we launch into the toolkit tour, I'm going to turn it over to Nicole for a quick poll.

[Nicole Luciani]: Thanks, Rachel. So again, we're going to poll you. We want to hear from you now on which of the following elements do you connect with prevention collaboration, given your own experiences. So think about these for just a second, and you can select all that apply. Which of the following elements are critical to the success of prevention collaboration? We'll wait for just a minute for folks to be able to read through the selections here. In your experience, which of the following elements are critical to the success of prevention collaboration, and you can choose all that apply. So maybe another 30 seconds here for folks to be able to read through. You can't see the results, but I can right now, so I'm really happy with these. I'll show them to you in just a second. In your experience, which of the following elements are critical to the success of prevention collaboration?

Okay, it looks like folks are done answering so here's what we got. The vast majority of you ranked building relationships with potential partners as the most important element that's critical to the success of a collaboration in the field of prevention, and I couldn't agree more. I'm super happy with that result. Looks like we have a few more top winners here. The next one is establishing clear roles and responsibilities, followed by evaluating the collaboration's functioning. Yes, I think we spend so much time in planning and building the capacity before we even plan, and sometimes we lose sight of how important it is to make sure what we're doing is effective and how we're operating is at the highest quality we can make it. The next one looks like understanding a partner's readiness. Oh, you guys are the best. I'm so excited, because actually this is almost like a trick question, and I feel like every time you can select "all", that applies. It's almost like every single one. But it's really great, because within our collaboration toolkit we address each one of these elements. So there are these tools that are there to help develop these skills and help facilitate these processes, and we're going to talk about those a little bit later. In fact, I think now would be a wonderful time to think a little bit more about this collaboration toolkit and talk about all of the components that it's comprised of. So I'm going to turn it back over to Rachel to walk you through it.

[Rachel Pascale]: Great. Thanks so much, Nicole. And you're right, that totally was a trick question, because essentially what we did is we looked through all of the capacity-building components that we built into this toolkit and listed them here, because these were things that came up in our conversations with grantees, in our conversations with specialists across the country. And so, all of these components that we've listed here that you guys have all weighed in on are parts of the collaboration toolkit. So like Nicole said, I'm going to walk us through the guided tour.

So before I get started into the main components, the first thing I should mention is that the collaboration toolkit is a web-based tool. And even though it's launching now, our plan is for it to grow and develop over time. So throughout the tour you'll be hearing me say things about the tool in its current form, as well as some of our plans for the future as it grows and develops.

This first section of the tool, which also stands as its homepage, is a collection of stories from SAMHSA grantees at both the state and community levels. These stories include a range of diverse partners coming together to address a variety of substance misuse and related behavioral health problems.

Now, the second piece of the toolkit is an inventory of tools and worksheets, since obviously this wouldn't really be a toolkit without tools. And these are to support prevention practitioners looking to engage in their own collaboration efforts. So the tools offer tips and guidance, and include worksheets designed as planning documents that you can fill out with your colleagues. Some of the tools focus on the broad topic of collaboration, where others drill down to the specifics of working with certain partners like institutions of higher education, for example, or primary care providers. We've been calling those more specific tools the 200-level tools, and those are the types of tools that we're hoping to expand as this toolkit grows.

Now, this final piece of *Prevention Collaboration in Action* is "explore by topic," and this is an inventory of those tools and stories together, which allows users like yourself to search for desired topics. Right now, these search categories are limited to the topics that are covered in the current tools and stories—but again, as this tool grows we're going to continue to add more search categories.

So with that, if we could get a screen-share, I'm going to show you guys a little bit of the toolkit itself.

[Nicole Luciani]: I feel like we need a drum roll right now . . .

[Rachel Pascale]: All right. So Nicole, feel free to weigh in if you think that the size isn't big enough here. So this is the homepage of *Prevention Collaboration in Action,* and like I said before, this is also where all the stories are housed. And we feel so

lucky that we've received all of these photos that were kind of contributing to the stories. All of these photos came from the grantees that we spoke to, and I think they offer this great look at how diverse collaboration can look. You know, in the bottom-left column we have a bunch of partners sitting around the table, which is what I think a lot of people identified as being kind of the key to what collaboration looked like to them—a lot of key partners sitting around a table. And then on the top, we have a deejay in a booth who is collaborating with a local school district in order to make connections with the youth in the area.

So, let me just show you what one of these stories looks like. This is a story that came to us from Alabama. This is a collaboration that was formed with the Alabama Department of Mental Health, the Division of Mental Health and Substance Abuse Services. And they became engaged with the Latino AIDS Coalition in an attempt to better address the needs of the Latino community which was really growing in the State of Alabama and still is. This was an example of a collaboration that's in its early stages, kind of a young collaboration. And you'll see, in exploring the toolkit on your own, that there are stories of collaboration that are at every level of collaboration, from just getting started to fully integrated and really sustained over time.

As I scroll down—and definitely, Nicole, feel free to weigh in if there's anything I should call out—this is the elements of success section, and this is present in all of the stories in this toolkit. This is what we see as kind of the real technical assistance component of the toolkit. This section doesn't list what the particular collaboration achieved, but rather it talks about the strategies or actions that made the collaboration work. So you'll see in Alabama, some of the things that made this collaboration work were recognizing that collaboration should start small, recognizing the need to find common ground, and the need to keep the conversation going. So, you know, they collaborated for an original reason, but then by continuing to meet with each other and talk, additional reasons for the collaboration's continuation were identified.

And finally, and just scrolling down again—I hope I'm not making any of you guys seasick—all of the stories involve this impact section. And it was interesting, when talking to grantees, you know, like all of the good prevention practitioners that you are, everyone originally skipped directly to outcomes and evaluation outcomes. But we found in these conversations that not everything that was a result of these collaborations would really show up in an evaluation report, and we felt like it was important to recognize those, and so that's what we've captured in this section.

[Nicole Luciani]: Rachel, I really like these stories for a number of reasons, but primarily because, one, we get to show off the impressive real-world work that's actually going on in the prevention field, right? And then two, because these elements of success that are featured in this story can be generalizable to other collaboration

initiatives. So not only are they talking about really specific things that were key to, in this case, Alabama's success around this collaboration, but you can really transfer some of these points to some other collaboration efforts out there. And actually, at the top of each story, which I think you just scrolled to inherently, is that "Related Tools" section, and I love that. If you're reading one of these stories and you're thinking *this is super cool, but how could my group do this* or *what are the things that I might need to get something like this started or to move my collaboration effort in this direction,* here are some tools that are really linked up with that particular story that might be helpful in planning or facilitating this process. So I just love the way that this is put together, and I want to commend you, Rachel and your team there at the CAPT for putting together such a useful toolkit. This is awesome. Show us some more.

[Rachel Pascale]: Oh, thanks, Nicole—and thanks for calling out that tools section. I do think, in speaking with you around the development of this tool, it seemed to be really about how could I apply some of these lessons learned myself. And that's where the tools really come in. And so yes, all of the stories have this Related Tools section in the left-hand column. But where I'm going to take you next actually shows where all the tools live, so that's actually a great segue.

So you'll see in the top here, now I'm going to click over to the tools section. And we found when we were speaking with people in the development of these tools that a lot of the tools came together in similar sections. They were clumped by similar parts of the collaboration process. And so we ended up grouping the tools that way so that people, depending upon where they were at in their collaboration, could skip to that section. This is not meant to be any sort of linear process. We named these groupings "essential elements" because we wanted people to be able to come to this toolkit and say, "All right, I've been collaborating with this X partner for so many years. We're just trying to figure out how to stay fresh, make sure our mission is still right and keep everyone engaged over time." They may want to skip all the way to the bottom, into this "Keeping the Collaboration Healthy" element.

So you'll see, we go from understanding the basics, identifying needs and opportunities for collaboration, all the way to this keeping the collaboration healthy piece. And so these essential elements are really just about helping you hop to right where you are in your particular collaboration. And if you're interested in the tools in that section, by expanding here you'll see all the tools that are currently in the toolkit. And again, as I keep mentioning, these sections are going to expand over time as additional tools and worksheets are added. Let me just show you an example.

This is an activity that's called "Aligning Goals and Activities," and this is meant to kind of check in with your group and say, "All right, are all of the activities that we're working on right now, how we're spending all of our time, are these closely aligned with the

goals that we set out to achieve when we started this collaboration? That's just an example of what one of the tools looks like.

[Nicole Luciani]: When I'm working with grantees, they tend to really be looking for planning worksheets and guidance documents, things that they can take and run with that are super usable and applicable, especially at the community level, so I really appreciate this section. So as you're able to kind of expand these different sections, you can see there are a number of different types of tools that Rachel was just pointing out. So, I just wanted to say that this is so useful, and I'm really excited to see this all in one place.

[Rachel Pascale]: Thanks, Nicole. And obviously, we want this to be something that's useful, and so your feedback, as well as feedback from those on the call today, is really helpful for making sure that what we develop in the future are things that can be readily applied.

So like I said, this section is organized by these essential elements, but you may come to this toolkit wanting to find out about tools or stories that relate to a particular topic, and so that's what this next section is, this "Explore by Topic" section. And this, like I mentioned earlier, this is the inventory or the library where all the tools and stories are together, and they're organized by different topics. And so this allows you to search by specific prevention topics, and within this section there are specific substances. You can search by stakeholder, what different partner you may want to work with, or by SAMHSA grant program—just to kind of look back at the stories and say, "Well, what were the funding sources for these?" So let's say you're interested in tools and stories that have to do with primary care. So I select primary care and hit "Apply." And as I scroll down, you'll see that there are two tools that relate to collaborations with primary care, as well as a story. And, this is a story that featured a collaboration that's happening in Michigan working with primary care providers.

I just want to pause for a moment there. Obviously that was a very quick walk-through of the tool, but I wanted to take a second and just check in with you, Nicole, to see if there's any questions that came in on the toolkit itself, or if there are any questions from any of you now that you want to type into the questions poll, and we can try to address a couple of those now.

[Nicole Luciani]: Rachel, I don't see any questions just yet, but I've had a number of responses from folks saying that this feature is awesome, and they're so excited to see a tool like this. So, always great to hear that kind of feedback. If you do have any questions around using this interface, we are going to give you a few minutes at the end of today's webinar to kind of play around in there on your own desktop, and then let us know if you have any questions or you want to us to walk you through anything.

So bear in mind that we're going to give you the opportunity to be able to tinker around in there a little bit later today.

[Rachel Pascale]: Yeah, I think that's a great point, Nicole. It's tough to kind of figure out what your questions are until you're in there and fiddling around with things, and thinking about what's there that you can use or what might be missing. And so that's a great point, and we are going to give you some time at the end of today's call. So with that, I'm actually going to stop sharing my screen and head back to the slides here.

Great, thanks so much everyone. So with that, I'm actually going to turn it over to you, Nicole to walk us through some of those real-life stories of collaboration.

[Nicole Luciani]: Thanks, Rachel. So today we are fortunate to have the opportunity to hear from two collaboration initiatives that are featured on our collaboration toolkit website within that story section of the toolkit, and they are the Nebraska Collegiate Consortium. We've got the project manager, Megan Hopkins, who is going to talk with us in just a little bit about this group of Omaha colleges that really joined together to collect and share student behavioral data, which is quite the feat in and of itself, and we'll talk more about that in a second. So we're going to hear from Nebraska, thinking about this collaboration at the sub-recipient level, and then at the state level, larger level, we're going to hear from Heath Dolen from Kentucky's Division of Behavioral Health. He's the military affairs program administrator, and he's going to talk to us about partnering with the National Guard to create a specialized training for behavioral health professionals who work with military service members, veterans, and their families. So why don't we dive in? Okay, so Megan, Hi there!

[Megan Hopkins]: Hello.

[Nicole Luciani]: Thanks a lot for joining us today.

[Megan Hopkins]: Glad to be here. Thanks for including us.

[Nicole Luciani]: So, Megan, will you tell us about the Omaha Collegiate Consortium and how it got started?

[Megan Hopkins]: Well, here in the State of Nebraska we're fortunate to have a statewide group of institutions of higher education that have been working together to address high-risk drinking since about 2006, and that's the Nebraska Collegiate Consortium to reduce high-risk drinking. And so the OCC members, the eight institutions here in Omaha that are part of that collaborative, are also part of the larger statewide group. And so, I'd say in about 2012 I started convening a workgroup of representatives from each of those eight institutions of higher education to talk a little bit more about what problems or issues they were seeing related to high-risk drinking,

not only on their individual campuses, but also within the shared community that they reside in. And so, the purpose was really to get them talking and sharing resources and information, since they're all in the same community and serving similar students. And so, as a result of those kind of early meetings, the group decided that they wanted to move forward with developing a shared strategic plan for the Omaha Collegiate Consortium. And then in the summer of 2013 we actually shared that plan with senior administrators from each of the eight institutions, and at that time those administrators signed on to officially support the mission of the OCC and to provide support for their representatives moving forward on the effort of the OCC. About a couple of months later we were kind of working through, "Okay, we have the strategic plan, now how do we implement some of our activities with no funding?" And it was at that time that we were fortunate enough to be approached about the Partnership for Success grant. So, we had really already started our collaboration efforts out of the need for the folks to work together in the shared community and were just fortunate enough to have a funding opportunity kind of fall in our laps at a time when we were really ready to act upon it.

[Nicole Luciani]: Thanks so much. So this first story we're talking about today, with these Omaha colleges working together to prevent high-risk drinking, I love it so much. And I'm so excited about it, because it highlights, you know, the collaborations between higher ed institutions at a time when many universities are reluctant to share the extent of their student drinking problem, right? So, I wanted to ask you, knowing that these eight colleges who came together are just so diverse, how did you bring that group together to be kind of united around this when they are so different?

[Megan Hopkins]: You know, a lot of our members tend to talk about how different they are. They do serve very different student populations in a lot of ways, but the reality is they're all institutions serving young people trying to attain higher education. And so we really try to focus on the commonalities more than the differences of each institution, and also talk about the fact that, you know, all institutions, not only in our state but across the country, are dealing with high-risk drinking in some regard. And so it may manifest differently on their campus, and it may be seen differently on their campus, but it's an issue that everyone's dealing with. And I think sometimes, once schools realize that they're not the only institution struggling with an issue, they are less hesitant to come forward and acknowledge it. It kind of provides coverage for all of them rather than just one institution being singled out as the "problem institution" in the community. They've come together to proactively say, "We know this is an issue for our students, and this is how we're trying to address it."

[Nicole Luciani]: Excellent! Another thing that I heard you say when you were describing how the OCC got started is, really, it formed out of this need, this need that you were just talking about, and then the funding came afterward. And I love that,

because, you know, across the board, across the nation, we've been talking about sustainability, right? That's something that's clearly on people's minds, and it really kind of speaks to when you have buy-in and you have, you know, this really identified need and solution and, kind of, this work that's built around something sort of grassroots like that, the funding will come. So I really love that, and I love that this is, you know, a PFS 2013 sub-recipient in the State of Nebraska. I think that's super exciting. And then I believe, Megan, there's—correct me if I'm wrong, but there's something around that year-one college alcohol profile that's now being used on all of the different campuses. I think it started, like, last year.

[Megan Hopkins]: Yeah, the year-one college alcohol profile which we call the year-one CAP was actually developed at the University of Nebraska-Lincoln, probably about five years ago now. And since then we've made it available to other institutions within the larger statewide NCC. But one of the things we knew we wanted to do right away for our institutions in the OCC once we secured funding was build each of them their own unique year-one CAP. A couple of our institutions already had it, because they had been longstanding members within the OCC, but for the six remaining institutions we actually built the year-one CAP during the first year of PFS funding. And so all of our schools currently utilize that as a prevention tool with all incoming first-year students on their campus. So it's something that's sent out prior to students actually coming to campus, and they're asked to complete it prior to actually setting foot on campus, and it really does a good job of talking to them about what college drinking looks like at the specific institution that they're going to be attending. It helps dispel some of the perceptions and maybe misperceptions about what college drinking looks like, and it also provides them with some education about if they do choose to drink while they're on campus, what are the potential legal consequences or academic and institutional consequences of those decisions.

[Nicole Luciani]: Wonderful! So something that every college who's coming together in the OCC, and certainly the Nebraska Collegiate Consortium, that overarching statewide group, they have a stake in that. So clearly there are several elements of success within this story in our toolkit that are obviously really specific to how the OCC made things happen, basically, and became a sub-recipient that is now delivering services across Omaha, that these elements are transferable to other collaborative efforts. So Megan, I know that we asked you ahead of time to select two of those elements of success to share with us today. Would you speak to those?

[Megan Hopkins]: Yeah, so one of those elements is honoring differences in readiness. And I think what we've really learned in working with the OCC is that it's okay if everyone's not ready to move forward in the same direction at the exact same time, and I think sometimes that that can be seen as a negative in collaboration. But what we've really found is that when the OCC started, some of our institutions were a

little bit further ahead in the knowledge and application of prevention of high-risk drinking in college campuses and communities. And so those have really been able to kind of act as a mentor to some of the smaller institutions that might not be quite as far along in terms of providing information to them about what resources there are to reach students on their campus, even in some cases being able to train other representatives in the OCC on specific resources that are available—like BASICS, like the year-one CAP. And so we've really been able to utilize that shared information in a really unique way, and we also try to respect the fact that we do have institutional differences among our eight schools. And so it may be that there is an activity or a strategy that we want to implement, but it's not appropriate for all eight schools at the same time, and so we move forward with the schools that are ready for it and also work to bring the remaining schools along as they become ready. And we talk about what does that take to get you to the same level of readiness, rather than assuming that one school can't move forward because the others aren't ready, or one school feeling left behind because they're not there yet. It's kind of that mentorship between the schools.

[Nicole Luciani]: Right. And I really appreciate that "looking at the silver lining" thing. That we have differences in readiness here, but how can we work with it for our advantage? Instead of holding the more ready schools back, we're able to move them forward and actually put them up to be almost like mentors to the other schools. So I appreciate that, and I think that's, again, something that's very transferable. There was another element of success I think you talked about—making collaboration worth their while. Can you speak a little bit about that?

[Megan Hopkins]: Yeah, absolutely. So for our eight schools we have at least one primary representative from each of the eight schools that are part of the OCC. A couple of our institutions have two representatives that share that responsibility. But for all of the representatives at the table, they are all charged with doing multiple things on their campus, and are often, you know, stretched pretty thin with their responsibilities on their campus. And so, to ask them to be involved in something like the OCC or high-risk drinking prevention that they don't necessarily come to the table with background knowledge about can be overwhelming to them. And then, once we were approached with the opportunity to have some PFS funding, while it was a great chance to be able to actually implement some of the things they knew would be helpful to them on their campus, it also takes some work to execute. And so having a coordinator who was designated for getting the work of our grant done and building relationships with our representatives on their campuses, and being able to assist them with things that they were dealing with on a day-to-day basis, or to be able to talk to an administrator about why they were working on a program or why we wanted an institution to be invested in a certain area has been really beneficial. I think for our

members, too, it also helped them get a little bit more excited about having the grant opportunity, because they saw that the job of doing all the work wasn't just going to be on their shoulders. All of our members are very invested in what we're trying to accomplish, but as I said, they're also all very much involved in numerous things on their campuses, and so to ask them to be able to take on things like meeting with business owners or organizing students from all the institutions is very overwhelming. So knowing that they would have a coordinator who was going to be able to help walk them through those activities and kind of keep them all moving together really created buy-in from our members, because they knew that while they'd be helping with the work, they wouldn't necessarily have to drive the bus, so to speak.

[Nicole Luciani]: Excellent! So part of what makes this collaboration worth its while, especially to the stakeholders, is to kind of share and celebrate what's been accomplished. I understand you had an opportunity to do that recently, right?

[Megan Hopkins]: Yes. So the OCC decided recently, as we were working through our strategic planning and revisiting it after a couple of years, that we really need to reconvene senior administrators from all eight institutions to talk about the successes that we've had since we last met with them. You know, a lot had changed since that meeting. We'd gotten this great grant opportunity, we'd hired a coordinator, we had some change in representation from the different institutions, as well as some of the senior leadership had changed. And so we recently held an administrative luncheon. We had about 30 folks attend from all eight schools, and we were able to really talk about what we've been about to use our PFS funding for and really highlight the programs and opportunities that we've brought to each of the eight campuses through those funding dollars. It also gave us an opportunity to talk about what does the next 2 – 2½ years look like for the collaborative, and how can they continue to be supportive of our efforts, moving forward. And especially, looking past PFS funding, what are the other options on the table to keep the momentum that the OCC has going? And we've gotten really great feedback as a result of that luncheon, and a lot of administrators were really impressed with what their personnel had been able to achieve in such a short amount of time, and were really excited to share it with other folks on their campus, and actually were really supportive of some of the ideas that we put forward for sustainability in the future. So it was really exciting.

[Nicole Luciani]: Very exciting! You mentioned sustainability, and my mind just can't help but go there, because not only do you have these eight colleges working together in this focused population—college-aged folks in the Omaha area—but you're working with these contacts at each of these universities, and by expanding your celebration, your sharing of everything that this program has done with the agency as a whole, really really solidifies sustainability. You're getting buy-in at that agency level, and I just love that. Having the layers of support with your collaboration partners is just so key,

so I appreciate you guys thinking about that and working with that. I did want to take just a second to kind of point out that Megan had mentioned these two key elements of success. And we do—surprise, surprise!—on the CAPT collaboration toolkit, we have a couple tools that match up really closely with these. One of the associated tools we have is assessing readiness of potential partners to collaborate. I think that's a great one, you know, even if it's an activity that you go through. Another tool we have that's associated with this story are tips for healthy collaborations. We also have another one called *Are Members Satisfied?* And really thinking about that "making collaboration worth their while" element, figuring out, are members satisfied? How do we keep them satisfied? How do we get them satisfied? How do we have a healthy collaboration? And then there's a really obvious tool that we have out there called *Collaborating with Higher Education.* But again, the points that are shared in the story and some of the things that Megan has shared with us today, these are transferable—not just with working with higher ed or education in general, but other agencies as well.

So with that, I'm going to turn it to Rachel to see if we have any questions for Megan.

[Rachel Pascale]: Yes, we do. Thanks so much. So, we have a question, Megan, for you that came in from Lee, who asked, "Who assessed the need at the institutions?" It's a two-parter, and then part two is, "Who did you meet with at the universities?"

[Megan Hopkins]: So as far as assessing the needs in the very beginning, we actually used—some of you might be familiar with the [Environmental Collegiate Heath Improvement via Prevention] assessment tool. And so we actually borrowed that and utilized that for each of our schools to walk through. And so, part of that assessment was them looking at what their campus policies are, but also talking to students about what students were seeing and experiencing on campus, and what they felt were issues around high-risk drinking. We really felt it was important to hear from students about what challenges they were seeing and experiences they were having so they could help guide where we went with our strategic plan. And then, as far as who we work with on each institution, it really varies, given the size of the institution.

Obviously, some of our larger institutions have more resources and more personnel because of that. So for a couple of our institutions we're working with licensed counselors that are on campus full time. We're working with nurses in the health departments on campuses. And then, for some of our other smaller campuses—for instance, one of our reps is a golf coach at her institution who's also involved in wellness. We have folks who are working in student affairs or academic affairs. And so I think for the larger institutions it's a little bit easier sometimes to know who to direct your approach to, because they're someone that's kind of a counselor or a health professional that's kind of dealing with those kinds of issues already. But like I said, for some of our smaller schools it might be a coach, or it might be someone

working in resident life that's passionate about the issue and wants to get involved. But again, that speaks to the fact that we have folks from all areas with all different training backgrounds, and that's both a plus and sometimes a hindrance, because folks are starting at different levels of preparation. But that's why it helps bring others together to mentor each other who are further along, and also I think it's unique to be able to have the different perspectives of—you know, a coach who may have a closer relationship with some of her students may have more inside information about what's really going on with students than someone who works in counseling or in the health center. So I think it really depends on the size of the institution that you're trying to work with what kind of resources or staff they already have in place.

[Rachel Pascale]: Megan, that's fantastic. Thanks so much for all that insight. And I know that definitely answered Lee's question, as well as some of mine, as well. And so because of time, I think we're going to have to wrap up this section. I had a couple more questions come in, and so Megan, if you're okay sticking on until the end, if we have time I'd love to be able to peg a couple more of those questions your way. Is that okay?

[Megan Hopkins]: Yeah, sure.

[Rachel Pascale]: Awesome. So I'm going to turn it back over to you, Nicole.

[Nicole Luciani]: Thanks, Rachel. And, Megan, we're so excited about this work going on in Nebraska, and appreciative of you sharing part of the OCC's journey today. Those of you that are on the line, to read the full story you can go to the collaboration toolkit's homepage under the stories tab. It's one of the first ones listed. I definitely invite you to do that. There's some really cool stuff there. I think we're going to move forward with our next presenter here. We've got Heath Dolen on the line. Heath, are you there?

[Heath Dolen]: Yes, ma'am, I am.

[Nicole Luciani]: Welcome, Heath.

[Heath Dolen]: Glad to be here.

[Nicole Luciani]: Thanks so much for joining us today to talk about the collaboration at the grantee level; super excited about it. Heath, will you tell us some of the key lessons learned when this initiative got started?

[Heath Dolen]: I believe the things that helped us the most were the relationship-building, because when we actually started in the State of Kentucky back in 2008 working toward helping our service members, veterans, and their families, we didn't know what we were doing. And there wasn't a lot going on in the State of Kentucky, so

we had to go out and beat the bushes, and try to get the information out, and talk to the National Guard, and talk to the VAs and different things like that. So we had to make a lot of cold calls just to be able to get in the door to ask and say, "Hey, this is something we're concerned about. We want to help." And I'm sure, in the very beginning, they said, "Oh, they're here for just one time, and they're just going to do one event, and it will be over," and it's one of those pieces. You just have to keep showing up over and over again to show that you're engaged and you want to help, and that you're not going anywhere. So that's one of the big things that I look for.

[Nicole Luciani]: I love that. And so just to kind of backtrack a little bit about the initiative that's going on in Kentucky, Heath—do I have it right that basically what happened is the state's Division of Behavioral Health is working with the National Guard to kind of deliver an innovative experiential training for, you know, folks who are really on the ground with behavioral health: clinicians, practitioners, other folks that have a stake in behavioral health there? And that those partners then came together in thinking about a really focused population, these military service members, veterans, and then their families? So is it right that the Kentucky Operation Immersion Program is a four-day boot camp that is really designed to immerse participants in this military culture? Is that right?

[Heath Dolen]: Yes, ma'am, it is. And we're actually focusing on the providers, professionals that work with the military or who want to work with the military. I know there was a presidential executive order that came out back in 2012 where they wanted local community buy-in, wanted people to get engaged, to help our military and their families, and that's kind of what we have tried to design this after. So just pushing forward and keep refining it every time, and we've almost got it down to a science now, we think, or we hope, anyway. We had—the folks in Tennessee actually brought us down, in 2010, I think they brought all 50 states down to Tennessee to explain how it works, and we got to go through their orientation. It was a good thing, and we got back to Kentucky and said, "Hey, we can make this bigger and better." It originally started as a three-day event in Kentucky, because we thought we needed more time, and then we learned, responses from folks, "Hey, we need more time. We need more information. We need to know more about combat stress and things like that." So we changed our training to help meet the needs of our providers who were working with these service members, veterans, and their families.

[Nicole Luciani]: Well I really appreciate that, because it really speaks to that pilot test, making sure you get it right, and making sure that you're delivering a high-quality program, and that you're really respecting this relationship that you have with this other key partner, the National Guard, to be able to achieve the goals together. So let me ask you, will you tell us why it was so important for the state to get involved with the National Guard?

[Heath Dolen]: Because what we were trying to do in the State of Kentucky, we know we have veterans that are located around Fort Knox and Fort Campbell, Kentucky. Those are our two major bases in the state. But what we were really concerned about is the Army National Guard folks who are located across the state who are not being able to get into a VA medical clinic or to the VA Medical Center. Those are who we were actually trying to go for, to reach the folks where they are and be able to get training to those individuals.

[Nicole Luciani]: Fantastic! So I see Rachel has already pointed out some of the elements of success that are shown in the story that we feature here on our collaboration toolkit. One of them is to establish credibility, and you were really talking about that—making sure that the efforts that you put forth are really high-quality and methodical, and that who you choose as a partner helps you establish that credibility, too. I appreciate your sticking to it and showing up, right? Isn't that something that you had said, Heath?

[Heath Dolen]: Yes, ma'am, that is. You just have to, because sometimes you will think you have lost your mind. You will think *am I really getting anywhere with this?* And eventually that door will break through, because I have talked to other states, and they go, "Well, we've talked to the National Guard three or four times in our state, and it's not really doing anything." And I said, "Well, you know, you really have to do about 50 calls and have to try to reach out to these people. I said, "You have to attack that to go after it," kind of like the mindset that they use. You have to put things in a battle perspective of what you have to do first. But reaching out to those National Guard folks was paramount to what we were doing in the State of Kentucky. If we were going to train providers and professionals, we had to be able to reach out to the National Guard, and that's why they were involved in the leadership of the National Guard in Kentucky, because they stood behind this 100% once we got it up and rolling. And they said, "Yes, we'll do this," and, "Yes, we'll do that," and I've never heard them to say no before. So it's a blessing in disguise, but it will also give you lots of stuff to do.

[Nicole Luciani]: Yeah, absolutely. And just like the number of doors that have been opened with this collaboration too, I mean, how helpful is that? I understand that this program is really unique, and that one of the elements of success about it, right, is that you managed to create this unforgettable experience through this collaboration and through this Operation Immersion training program. Do you want to speak just a little bit about designing that to make sure that it was this unforgettable experience for folks?

[Heath Dolen]: Yes, ma'am. As clinicians, we knew what we wanted to do. We wanted to make sure that we talked about the traumatic brain injury and post-traumatic stress disorder, but when we sat down at the table with the Guard and said, "All right,

how can we help you? What can we do?" If you wanted to go out and talk to a provider or professional, because we found in the State of Kentucky that unless you have some kind of credibility as being (a) from the military, or (b) being really involved or having a family member who's involved, a service member or veteran is really not going to come to you unless you have some background in the military. And so that's why we tried to make this unforgettable experience. And when I say that, we've actually—we use military training events. We actually use some of the same weapons that they do that—they're electronic weapons that we use indoors. We used to learn how to use the M4 machine guns and things like that, rifles.

[Nicole Luciani]: Cool.

[Heath Dolen]: We also do training with paint balls in a [conex], which is like a big building. And they actually teach us how to breach the door and go into the fight and take the firefight to the people. And it's really a strange experience when you are standing at the front of that door and you know there's people on the other side who are going to be shooting back at you. And thank God these are only paint balls, because in real war situations those are actually bullets flying at you.

[Nicole Luciani]: Yeah.

[Heath Dolen]: But they teach you how to do that, how to have that no-fear attitude and to accomplish the mission.

[Nicole Luciani]: And it's really about creating that environment to help civilians understand military acculturation and how their experience, whether as a service member or as a family member of our service folks, how they could have these different behavioral health needs given their experiences, given what they've been exposed to. And it really sounds incredibly eye-opening, and something that's so visceral they're not really going to forget it. I can appreciate that as just being kind of a life-changing experience, right?

[Heath Dolen]: It is. Oh, absolutely. A lot of these folks really believe in the goal. That's why we have some repeat offenders, as I call them. We'll have about 10 folks out of the class of 75 that will show up every time, because we teach something new all the time. This isn't stagnant information about traumatic brain injury, post-traumatic stress disorder, combat stress, sexual assault, things like that. We are trying to address these, and we know the information changes. So we do that, and we also change the program up a little bit. Like last time we flew in a Black Hawk helicopter for the first time, so that was an unforgettable, life-changing experience for me. I absolutely loved that.

[Nicole Luciani]: Very cool. I think that's what your presenter photo is from, isn't that right, Heath?

[Heath Dolen]: Oh, absolutely. Yes, it is.

[Nicole Luciani]: So what I hear with this collaboration is that you're able to really bring multiple sectors to the table for this focus population, right? Which clearly is spread out across the State of Kentucky. I believe I read that Kentucky has the highest number of deployed National Guard service members compared to all the other states, right, for the population, the highest percentage? So this is obviously something that came from need, and something that required a lot of persistence. And I really appreciate that.

[Heath Dolen]: People want to help in the communities, they just don't know how to do it. They don't know how to reach out to them. But one of the cool things about if you go through this Operation Immersion experience in Kentucky, we give you a set of dog tags, and we tell the folks, "All right, these are your dog tags, and you wear them all week. And then when you go back home, don't just put them in the drawer. Hang them up in your office, so that when you have that veteran who comes in who has not identified himself as a veteran or a National Guardsman, because they may be paying out-of-pocket so that they don't, so it doesn't get on their record jacket.

[Nicole Luciani]: Yeah, yeah.

[Heath Dolen]: And – yes, ma'am. So they do that. And we've had lots of folks that have called us back and said, "Hey, that really works. I had a veteran disclose to me that he was a veteran. He's been dealing with X, Y and Z over the last couple of years from Afghanistan, and because of those dog tags they were able to open up, and that gave them that common ground of, 'Well, I tried to do some of what you did, but it was only for four days. But here – that was my try at doing it. I tried to learn how you do it.'"

So that was that experience that really, really helps, and having National Guardsmen and the National Guard staff who come back every year. We've had some that have been there from the very beginning, because they want to experience these clinicians that are sitting around the table with them that they're not there to judge them. They're there as people, and they see them as people. Not just somebody in a green suit, is what they call themselves, somebody showing up in a green suit. But you want to develop that relationship, and they, it's kind of like a therapy session, for the clinician and also for the National Guardsman. It's just, it's unbelievable.

[Nicole Luciani]: It sounds incredible. And what I'm really hearing is that underlying this collaboration and the program itself is respect. And it was formed out of respect and understanding that the needs of our service members and their family members might be different and might be specialized, and you want to respect that and respect the experiences that they've been through and provide this training. So I really appreciate everything that you are sharing, Heath. I'm going to turn it over to Rachel to make a couple connections back to the toolkit and see if we have any questions out there.

[Heath Dolen]: Okay.

[Rachel Pascale]: Great. Thanks so much, Nicole. I do know that when you were talking, Heath, talking about the whole establishing your credibility and the needing to really prove yourself for the National Guard that this was you really wanting to make a difference, knocking on the doors. This was a piece that connected back to one of the tools that's in the toolkit around growing your collaboration, which talks about recruitment, which essentially you were recruiting a partner for this work.

[Heath Dolen]: Absolutely.

[Rachel Pascale]: [The toolkit] has a whole section that talks about relationship building, and I think that that's a big piece, because you can't really make any of those asks. You can't ask someone to come on board until they trust you, and until they understand that you're here for the long haul. And so just making the connection between some of these stories and the tools, I think, is super important. So in the interest of time, I'm hoping that I can put a pin in some of the questions that have come in, Heath, and see if you're able to hang on the line for just another second.

[Heath Dolen]: That's fine.

[Rachel Pascale]: And so that maybe we can try to tap into those at the end. Is that okay?

[Heath Dolen]: That works.

[Rachel Pascale]: Great. Thank you so much.

[Heath Dolen]: But one thing I wanted to mention about success, how I see success has started in the State of Kentucky is because the needs of the service members, veterans, and their families are becoming a focus across different organizations and departments in the State of Kentucky, and it's really exciting to see.

[Rachel Pascale]: Yeah, it's immensely exciting. I mean, I think that the cool thing about having you here, Heath, today is that the stories that we told that are on the toolkit kind of ends with a little point in time, but having you here and having Megan here we're able to hear, kind of, what happens beyond, and that this is a program that's still getting recognized and that's still really exciting in the state. And so I just wanted to say thank you again to having you here, as well as Megan. It really helped bring to life some of these stories that are featured in the toolkit, and will help get people excited about going back to them.

[Heath Dolen]: Excellent. My pleasure.

[Rachel Pascale]: Thank you.

[Heath Dolen]: Thank you.

[Rachel Pascale]: So, where I wanted to leave you folks, I see that we're almost at the hour. I just wanted to leave you with a charge. You know, we've shown you the toolkit. We've shared a couple of these featured stories of collaboration. But it's your turn now. We want you to go out and take a look at this toolkit—both to see what's useful for you, what you're really able to apply to your work, but then as time moves on we really want to hear from you. We want to know what's missing. I've gotten a couple of great comments that have come in today, like, what could really help you elevate your work in terms of collaboration, in terms of stories, in terms of tools? Either ones that you think would benefit the entire prevention field, or ones that would help elevate your own work. So if you have ideas come in, I welcome you to share them with your CAPT T/TA liaison, or feel free to send them to me directly. There's my contact information. Feel free to send me an email after today's call. And also, just letting me know what ideas you have for the future or any feedback on the tools in general. And also, we encourage you to share this toolkit widely. I know not everyone was able to attend today's call, but if you've got the recording, or if you've got the link to the toolkit itself, we welcome you to share it with your colleagues, because we can only be as effective as how wide this toolkit can get.

So as Nicole mentioned earlier, this is the point at which we'd love you to go check out the toolkit yourself. She and I are going to stay on the line for 10 minutes and, if you have any questions that come in, try to address those. But what this will do is allow you just to check out the website, start playing around. The direct link to the website is in that top [of the screen]. You know, it's captcollaboration.edc.org. But because that's a long address to remember, you can always go back to the SAMHSA website, to SAMHSA.gov/capt, and you'll see I just circled it right there on the homepage there's a button that will take you directly to the toolkit. So that's another way to get there if you don't want to make a note of that long collaboration toolkit title. So while we're just

hanging on the line here, if we've still got Megan—Megan, I had another question that came in. It was a question about data collection, and the question was, "How was the data collection process established to meet all the needs of each educational institution?" So looking at having both colleges and universities large and small in the OCC, how did the data collection process meet all the needs of those diverse institutions of higher education?

[Megan Hopkins]: You know, to be honest, we're still in the process of working through some of that. So when the OCC started, only three of our institutions had any kind of school-specific data around high-risk drinking or drinking behavior. Those were three of our larger institutions that participated in national surveys like the ACHA survey or the CORE survey, or who had been able to do a homegrown survey themselves. So very early on we identified the lack of data as being a challenge and something that needs to be addressed, but it was difficult to get buy-in from some of our institutions in the beginning. For some of the institutions that are smaller and maybe don't see as many alcohol violations on campus or don't have student housing on campus, it's a little bit easier to deny that there's a lot of problems around high-risk drinking, or that there's a lot of students participating in high-risk drinking, because the problems or the consequences of it just don't manifest themselves in the same way as they do on a more traditional college campus.

Fortunately, actually, the Campus Save Act has really added some support for us to be able to move forward with collecting data, because it's a requirement now that schools have some baseline data around sexual assault and alcohol use and drug use on their campuses. And so we're actually in the process, in February and March, of working with all of our schools to do a climate survey. And so we worked with our evaluator here with the OCC to develop a list of core questions that all eight schools agreed they would include in their survey implementation.

And so all schools signed off on those questions. They're comfortable with them moving forward. It will give us a good baseline of where they're at with alcohol use and consequences from alcohol use for students on their campuses, but it also means that we'll be able to compare across institutions within the Omaha community to see where there may be some differences or similarities. And then some schools are implementing those just solely as a climate survey around alcohol that they're administering themselves through SurveyMonkey or Qualtrics, and then other institutions are going to be incorporating them into larger climate surveys that get to more of some of the sexual assault-related questions that are required by the Campus Save Act. And so we've kind of, again, allowed flexibility for schools to implement it in whatever way works best for them, but having everyone agree to focus on the same core questions has been great.

[Rachel Pascale]: That's fantastic. Thanks so much, Megan, and thanks for hanging on the line. I wanted to try to get to at least one more question that came in. I just wanted to say thank you to everyone who attended today's webinar. We're going to close in terms of ending the event right now, but like Nicole and I said, we're going to stay on the line for another 10 minutes. I see a couple questions coming in that I can try to address over the question-and-answer chat. But thanks to everyone. Please go out, enjoy the toolkit, and thanks again to our grantee presenters who joined us today and for making these stories really come alive. Have a wonderful afternoon.

END OF RECORDING   +++